

Dept. of Labor & Industries
Self-Insurance Section
PO Box 44891
Olympia WA 98504-4891



SELF-INSURED EMPLOYER CERTIFICATE OF EXCESS INSURANCE

Non-USPS delivery
7273 Linderson Way SW
Tumwater WA 98501

It is necessary to complete this form if your firm elects to reinsure its workers' compensation liability. Please have your insurance provider assist you in properly completing this form. This information is required in accordance with RCW 51.14.020 (5) and WAC 296-15-121(7).

Official Use only	UBI	Account ID
Self-Insurer		
Excess Insurer		
Address of Excess Insurer		

Policy Number	
<input type="checkbox"/>	New Policy
<input type="checkbox"/>	Policy Renewal (old policy number, if changed):
<input type="checkbox"/>	Change to Policy
<input type="checkbox"/>	Cancellation of Policy (effective date of cancellation):
<input type="checkbox"/>	Reinstatement of Policy
Policy period from to	
Type of Policy	
<input type="checkbox"/>	SPECIFIC: Retention Maximum Liability of Excess Insurer
<input type="checkbox"/>	AGGREGATE: Retention Maximum Liability of Excess Insurer (stop loss)

This policy contains the following endorsements:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	This policy is not intended to provide for the payment of any costs, benefits or compensation which the self-insured employer may be obligated to pay pursuant to the provisions of Title 51 RCW, in excess of 80% of any such liabilities, as required by RCW 51.14.020(5).
<input type="checkbox"/> Yes <input type="checkbox"/> No	It is further understood that this excess insurance company and its personnel do not participate in the administration of the responsibilities of the self-insured under Title 51 RCW.

Date	Excess Insurer	By
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